

State Advisory Committee on Substance Abuse Services
February 2, 2010- 9:00 a.m. to 3:00 p.m.
Country Inn and Suites, 5353 No. 27th Street, Lincoln, NE 68521

OPEN MEETING - 9:00 AM

Welcome and Introductions	Ann Ebsen	Call to order
Attendance-Determination of Quorum	Alexandra Castillo	Roll Call
Approval of September 17, 2009 Minutes	Ann Ebsen	General Consent
Approval of February 2, 2010 Agenda	Ann Ebsen	General Consent
Housekeeping	Jim Harvey	Inform

PUBLIC COMMENT (9:15 am to 9:30 am)

- a. Each person wishing to speak at the meeting needs to sign up on the Public Comment Sign-in Sheet.
- b. Each person will be called on from the Public Comment Sign-in Sheet. Each person may have 5 minutes (unless the Chair grants more time) to provide comments.
- c. Morning session is limited to 3 individuals
- d. Public comments not provided verbally may be mailed to the Division of Behavioral Health Services, Attention: Alexandra Castillo.

Revolving Loan Fund (Oxford House)
Fee for Service Voucher Program Update
Lincoln Medical Education Partnership Report
Strategic Planning

Kirstin Hallberg
Julie Scott
Joshua Robinson
Scot Adams-Denise Bulling

WORKING LUNCH - PRESENTATION

Statewide Quality Improvement Team
Wait List Management (SAPTBG Requirement)
Service Definitions/Regulations Update
Division of Behavioral Health SA Updates
Medicaid Match Report
Office of Consumer Affairs
SYNAR Report
Justice Behavioral Health Initiatives
Drug Court Summary Report
Input for May 6, 2010-Co-Occurring Agenda

Sheri Dawson
Sheri Dawson
Sheri Dawson
Vicki Maca
Vicki Maca
Carol Coussons de Reyes
Bob Bussard
Jim Harvey
Nancy Heller
Jim Harvey

PUBLIC COMMENT

Substance Abuse Committee Questions/Recommendations to DBHS
Agenda Items for Next Meeting
Plus/Delta

ALL
ALL
ALL

ADJOURN - 3:00 p.m.

ALL

This agenda is kept continually current, and is readily available for public inspection at the Division of Behavioral Health during normal business hours. The Division of Behavioral Health is located on the 3rd floor of the Nebraska State Office Building, 301 Centennial Mall South, Lincoln, Nebraska, 68509

Updated: 1/27/2010

State Advisory Committee on Substance Abuse Services
February 2, 2010 9:00AM – 3:00PM
Country Inn/Suites, 5353 North 27th Street, Lincoln, NE
Draft Minutes

Present (7): Corey Brockway, Ann Ebsen, Jay Jackson, Linda Krutz, Vicki Maca, Randy See, Rand Wiese

Absent (5): Dr. Subhash Bhatia, Shree Ezell, Dr. Delinda Mercer, Brenda Miner, Laura Richards

DHHS Staff Present: Scot Adams, Bob Bussard, Alexandra Castillo, Carol Coussons de Reyes, Sheri Dawson, Jim Harvey, Nancy Heller

Guests Present: Denise Bulling, Julie Scott, Kirstin Hallberg, Jack Buehler, Joshua Robinson

Welcome/Introductions

Chairperson Ann Ebsen called the meeting to order at 9:03 a.m. Committee members briefly introduced themselves.

Attendance – Determination of Quorum

Roll call taken by Alexandra Castillo. Quorum was met with at least seven members present.

Public Comment

Chairperson Ann Ebsen asked for public comment. No public comment.

Revolving Loan Fund (Oxford House) - Kirstin Hallberg

Attachment A

Kristin Hallberg, State Coordinator of the Good Neighbor Foundation, Inc. and Manager of the DBH state contract, explained the Oxford House, Inc. concept.

An Oxford House is established with a one-time start up loan of \$4,000 from a revolving fund maintained by the division of Behavioral Health, which is used to pay the house rent, security deposit, utilities, furniture, household supplies, etc. The loans are repaid to the State at the rate of \$180 per month.

Per the state contract with the Good Neighbor Foundation, the State Coordinator initially helps locate a suitable house, meets with each house four times per year and monitors house operations, provides DBH a quarterly report, provides technical support to new houses, and provides on-going training for house officers. The uniqueness of the Oxford House, Inc. concept is that it is peer operated, which greatly contributes to its success.

Recommendation: by Vicki Maca that the Divisions of Behavioral Health and Children and Family Services look at ways to improve service coordination and collaboration in regard to Oxford House facilities accessing services for referrals statewide. The Committee voiced favorable support for this recommendation.

Action: Vicki Maca will contact staff with the Division of Children and Family Services to connect with Kirstin Hallberg.

Recommendation: by Vicki Maca that the Division of Behavioral Health explore options regarding funding for Oxford Houses versus non-Oxford Houses within DHHS-Accounting procedures and report back to the Committee. Currently the Division exclusively utilizes revolving funds for Oxford House loans, and will explore the feasibility of this practice versus the prospect of other options. The Committee voiced favorable support for this recommendation.

Action: Vicki Maca, and/or designated Division staff, will explore options regarding funding and report back to the Committee.

Lincoln Medical Education Partnership Report - Joshua Robinson, Lincoln Medical Education Partnership-Training for Addiction Professionals

Attachment B

The Training for Addiction Professionals (TAP) is funded by the Substance Abuse Prevention and Training Block Grant through the Division of Behavioral Health. A list of courses presented under the current contract, along with a course catalog for 2010, was distributed. The Core Education courses cannot be offered via video conferencing due to educational requirements, but the Continuing Education courses are allowed to be offered through video conferencing.

LMEP has applied for a grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) to present a conference in the Spring of 2011 on the topic of prevention.

Strategic Planning – Scot Adams and Denise Bulling

Attachment C

Dr. Adams reviewed the 2010 Nebraska Division of Behavioral Health Strategic Planning Process draft.

Recommendation: DBH requests two members from the Advisory Committee participate as a representative on the Strategic Planning group. A request for two volunteers was voiced.

Action: DBH will collect SA Advisory Committee volunteer information and send confirmation of volunteers to Dr. Bulling. The selected Substance Abuse committee volunteers for the strategic Planning group are Rand Wiese and Corey Brockway.

Fee for Service Voucher Program Update - Julie Scott, Office of Probation Administration

Attachment D

Ms. Scott explained the Voucher Program was created by the Community Corrections Council as a resource to officers within Parole, Probation and Corrections to be used for specifically identified offenders when a financial need exists. The vouchers are used to pay for court ordered evaluations and treatment. An informational sheet explaining the Voucher Program requirements was distributed.

Linda Krutz explained that \$1.00 of court costs are placed in a Uniform Data Fund which funds the data system for the Voucher Program.

Recommendation: by Rand Wiese for DBH to continue to collaborate with Probation Administration for the purpose of efficiency in data collection and information sharing to reduce duplication and improve efficiencies. The electronic data will be helpful for providers, DBH and Regional Program Administrators. The Committee voiced favorable support for this recommendation.

Ms. Scott announced that the process for completing the Standardized Model training and testing will be changing in April 2010 to a virtually paperless system. The Standardized Model training is necessary to develop clinicians who are competent in Substance Abuse and Criminal Justice clinical matters. Ms. Scott reports the Standardized Model materials will be on the Probation Administration website for completion on-line. The Division will continue to post the test results and the Approved Provider list of clinicians on the DHHS website.

Office of Consumer Affairs Report - Carol Coussons de Reyes

Ms. Coussons de Reyes stated Peer Support training will begin soon. Thirty-five consumers have volunteered to attend the training and twelve to fifteen individuals will be further trained to conduct future Peer Support training sessions.

Ms. Coussons de Reyes announced the following information:

- Town Hall meetings will begin in May 2010
- A Town Hall survey is available online on the OCA webpage. Everyone is encouraged to view and Comment.
- The next consumer conference is being planned for 2011, pending available funding. A steering committee is being developed

Statewide Quality Improvement Team - Sheri Dawson

Attachment E

Ms. Dawson stated Statewide Quality Improvement Team (SQIT) meetings occurred in September 2009, November 2009, and January 2010. Ms. Dawson distributed and reviewed handouts explaining the Co-Occurring Disorders Workgroup and the Consumer and Family Surveys workgroup.

Ms. Dawson requested one SA Advisory Committee member volunteer for the Co-Occurring Disorders Workgroup. The DBH will collect SA volunteer information for the workgroup and send confirmation to volunteers. Rand Wiese was selected for the Co-Occurring Disorders Workgroup after the committee meeting, and will provide updates and reports to the SA Advisory Committee.

Corey Brockway has volunteered for the Consumer and Family Surveys workgroup and will provide updates and reports to the SA Advisory Committee.

Waiting List Management - Sheri Dawson

Ms. Dawson briefly explained that collecting and reporting consumer data is a Substance Abuse Prevention and Treatment Block Grant requirement. Consumer data is necessary to address capacity and access to services issues. If providers do not have the capacity to provide the appropriate level of care, individuals are offered interim services until a treatment opening is available. Individuals are given access to services statewide. DBH participates in a weekly capacity conference call with the Regions to be informed of placement issues and to review the waiting list on a weekly basis.

Service Definitions/Regulations Update - Sheri Dawson

Ms. Dawson reported the Division of Behavioral Health continues to work on the Service Definitions with the Division of Medicaid and Long-Term Care. The next step is review by the Governor's Policy Office, followed by a 30-day public hearing notice being issued. Ms. Dawson states that after this major overhaul of the Service Definitions, annual updates will require minimum work.

Division of Behavioral Health SA update – Vicki Maca

Ms. Maca noted the following DBH activities/information:

- The Behavioral Health and Probation Administration systems are meeting on Service Definitions to ensure Probation mirrors Behavioral Health.
- The Substance Abuse Prevention and Treatment Block Grant was submitted on October 1, 2009 and the Division received notice it was approved in January 2010. Ms. Maca states one of the major challenges to the requirements of the Block Grant is the consumer data collection and reporting system.
- A SAMHSA-CSAP Core Technical Review team is scheduled for October 2010. Ms. Maca explained the team will consist of five reviewers along with Captain Carol Coley. The first day the team will spend with the Division reviewing the areas of finance and budget, policies, service contracts, and the data system. The second day the team will meet with a Region pre-determined by the Division, and their Women's Set Aside provider.
- The Division co-wrote a grant with the Division of Children and Family Services and the Juvenile Courts that will improve children's services for State Wards who have parents receiving substance abuse services. She explained that the current DHHS data system cannot cross-reference records between a CFS ward and a DBH parent in treatment services. She states the grant will not fix the system, but it will help identify the questions to provide the necessary data. It will also identify the information both Divisions need to know to maximize our financial resources and to better serve our consumers. In addition, the Division meets with the Department of Correctional Services regularly to discuss service provision for substance-abusing inmates upon discharge from incarceration. This involves In-Depth Technical Assistance (IDTA), which includes the notion that no child should pay the consequences of the System (providers, the State, and the Division) failing to collaborate.
- The Division's 2.5% budget cut came out of Program 238—Administration, which includes salaries, staff positions, and administration contracts, the reduction did not come out of Program 38—the services budget.
- The Division will bring the SOMMS quarterly report to the Advisory Committee meetings.

Medicaid Match Expenditures – Vicki Maca

Attachment F

Ms. Maca explained that the DBH Medicaid Match Expenditures report is a requirement of Goal #7 of the SAPTBG. She reports that Medicaid pays for adult substance abuse treatment through a waiver, which means that DBH pays 40% and 60% is paid with federal dollars. MRO services are a Mental Health Rehabilitation Option and SRO is a Substance Abuse Rehabilitation Option.

SYNAR Report - Jim Harvey**Attachment G**

Mr. Harvey stated SYNAR is a requirement of Goal #8 of the Substance Abuse Prevention Treatment Block Grant. SYNAR is a statewide tobacco compliance check for underage tobacco sales, and is named after Congressman Synar who sponsored the amendment to establish this requirement. The Division has a contract with the State Patrol, except in the Omaha area where the work is contracted with a different agency (PRIDE), to conduct compliance monitoring. If the tobacco compliance demonstrates a failure rate, the federal government takes a penalty out of the money allocated. In 2009, Nebraska experienced a 13.6% overall compliance rate. A hand out with tobacco compliance information was distributed to committee members.

Justice Behavioral Health Initiatives - Jim Harvey**Attachment H**

A summary of JBH was distributed to the committee members.

Drug Court Summary Report - Nancy Heller**Attachment I**

Ms. Heller reviewed a handout with the committee members that includes a summary of Drug Courts/Problem-Solving history and a list of Nebraska Problem-Solving Courts and the assigned Judges.

Input for May 6, 2010 Co-Occurring Agenda - Jim Harvey

Mr. Harvey distributed and reviewed the draft agenda for the May 6, 2010 joint Co-Occurring meeting. Committee members were asked to provide comments to the agenda. None was voiced but comments can be sent to Mr. Harvey via his telephone (402 471-7824) or his e-mail (jim.harvey@nebraska.gov). A conference call, which will include Bev Ferguson, Ann Ebsen, Eric Hunsberger and Jim Harvey, will be held in early April to discuss options and comments received for the May 6 meeting agenda.

Agenda Items for September 21, 2010 Meeting:

- Oxford Loan funding options by DBH
- Report on Strategic Planning
- Report on Consumer and Family Surveys Workgroup
- Report on Co-Occurring Workgroup
- SOMMS quarterly report

Recommendation to the Division

- The Divisions of Behavioral Health and Children and Family Services coordinate on how to improve service coordination in regard to Oxford House facilities accessing services statewide.
- DBH to explore the options regarding funding Oxford Houses or non-oxford houses within DHHS Accounting Division procedures, and report back to committee.
- DBH to continue to collaborate with Probation Administration for the purpose of efficiency in data collection and information sharing to reduce duplication and improve efficiencies.

Meeting Evaluation and Suggestions

- There needs to be better attendance
- The change in food menu is okay -- need to consider vegetarians
- Re-check to ensure e-mail address list is updated
- Some committee members not willing to use microphone

Adjournment & Next Meeting

The next meeting date is Thursday May 6, 2010 at Country Inn and Suites.

Meeting adjourned at 3:30 PM.

Prepared by: Alexandra Castillo, Staff Assistant

Approved by _____
Federal Resources Manager
Division of Behavioral Health

Date _____

NEBRASKA OXFORD HOUSES

TIMELINE

- ▲ 1991-1998 - One Oxford House in Omaha
- ▲ 1998- 2004 - Opened an additional 42 Houses in Nebraska
- ▲ 2005 - Closed 4 Omaha Houses due to oversaturation
- ▲ 2006 - Lincoln, Grand Island, Hastings Houses began closing.
- ▲ 2009 - Closed 2 Houses due to landlord neglect
 - Opened Poppleton Women's House in Omaha
 - Opened N. Eddy House in Grand Island

CURRENT NEBRASKA HOUSES

- ▲ Men's
 - Omaha - 15 Houses; Total capacity: 115
 - Lincoln - 1 House; Total capacity: 7
 - Grand Island - 1 House; Total capacity: 7
 - Kearney - pending
- ▲ Women's
 - Omaha - 8 (4 Women w/ Children) Total capacity: 60 women, 15 children

COMMUNITIES INTERESTED IN OPENING OXFORD HOUSES:

- ▲ Fremont
- ▲ Hastings
- ▲ Columbus
- ▲ McCook

CLOSED HOUSES:

21 TOTAL CLOSURES

- ▲ Lease expired: 3
- ▲ Landlord neglect; lease terminated: 2
- ▲ Oversaturation/vacancies: 4
- ▲ Lack of local professional oversight: 12
 - Scottsbluff
 - Norfolk
 - Hastings
 - Grand Island
 - Lincoln

TOTAL AMOUNT OF LOST OXFORD HOUSE LOANS:	\$ 19,896
TOTAL AMOUNT PAID ON LOST LOANS BY OMAHA OXFORD HOUSES TO DATE:	\$ 17,784
TOTAL AMOUNT DUE FROM LOST LOANS AS OF 1/10:	\$ 2112
TOTAL AMOUNT OF LOST NON-OXFORD LOANS TO DATE:	\$ 23,693
TOTAL AMOUNT RECOVERED:	\$ 0

Fast Facts About Oxford House

World Service Office
1010 Wayne Ave., #300
Silver Spring, MD 20910
Phone: 301-587-2900
Toll Free: 800-689-6411
Fax: 301-589-0302
www.oxfordhouse.org

Board Members

Jerry Conlon, Chairman
Former Executive
CNW Railway

William C. Paley, Director
WILLIAM C. PALEY FOUNDATION

Adrian A. Kopp, Attorney
REINOLD & KOPP LLP
Judy A. Kopp, Attorney
Attorney at Law

J. Paul H. Jones, Chief
J. PAUL H. JONES & ASSOCIATES

James H. Jones, Retired
James H. Jones, Retired
Postal Service

Thomas J. Jones, Retired
Thomas J. Jones, Retired
Postal Service

William H. Jones, Retired
William H. Jones, Retired
Postal Service

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William H. Jones, Retired
William H. Jones, Retired
Postal Service

Kathleen Jones, Chief
Kathleen Jones, Chief
Postal Service

Lean Jones, Chief
Lean Jones, Chief
Postal Service

Debra Jones, Chief
Debra Jones, Chief
Postal Service

Debra Jones, Chief
Debra Jones, Chief
Postal Service

Debra Jones, Chief
Debra Jones, Chief
Postal Service

Oxford House Inc.



Oxford House Ilford — Charlotte, NC

Oxford House™ is a concept and system of operation to enable recovering alcoholics and drug addicts to live together in a self-help environment greatly increases the odds of sobriety without relapse. By 2009, 1,336 Oxford Houses had been established in 383 cities in 44 states in the United States – a big increase from the 18 local houses that existed when expansion began in 1989. More than 250,000 individuals have lived in an Oxford House since the first one started in 1975. Oxford House, Inc. – the umbrella 501(c)(3) organization – developed an efficient system of relocation that relies on individual house charters, organization among houses for mutual support to assure quality control, and utilization of trained outreach workers to teach the standardized system of operations. NIAAA and NIDA have supported independent research that has verified Oxford House's effectiveness. Several of these studies found that 70% to 87% of Oxford House residents were staying clean and sober without relapse. More than 100 peer-reviewed research articles have been published in scholarly journals – the list of articles is downloadable from the www.oxfordhouse.org under "About Us/Resources/Peer Reviewed Published Research List"

Oxford House™ began in 1975 when 13 male residents took over a county-run halfway house that was being closed. They rented the building and established a written democratic system of operation – the Oxford House Manual®. Within a few months they rented a second house and then another. By 1988, when Congress enacted the Anti-Drug Abuse Act, there were a total of 18 Oxford Houses – 15 for men and 3 for women.

§2036 of the Anti-Drug Abuse Act of 1988 encouraged states to establish self-run, self-supported recovery homes for recovering alcoholics and drug addicts based upon the Oxford House model. This law served as a catalyst for Oxford House, Inc. to set up a central services office to organize the establishment of more Oxford Houses.

RESIDENT PROFILE

- ♦ About 20% of the residents are veterans.
- ♦ 76% have done jail time averaging 13 months.
- ♦ Most residents have been recycled through treatment and incarceration many times.

SUCCESS OF OXFORD HOUSE

Federally funded research has shown that:

- ♦ More than 80% of the residents of Oxford House avoid relapse.
- ♦ Dual diagnosed residents do well in Oxford House setting.
- ♦ Women do well in Oxford House setting.
- ♦ Men do well in Oxford House setting.
- ♦ Deaf residents do well in Oxford House setting.
- ♦ More than 80% of residents have employment at any given time.



Benefits Of Oxford House To Alcohol and Drug Agencies



*Oxford House Comfort
Washington, D.C.*

- ♦ Time tested best practice to prevent relapse
- ♦ National organization to establish and organize network of recovery homes
- ♦ Charter mechanism assures quality control
- ♦ Expandable without large capital investment
- ♦ Self-run, self-supported housing minimizes staffing costs
- ♦ Built-in Oxford House evaluation process
- ♦ Effective for dual diagnosis
- ♦ Effective link to criminal justice programs [drug court/ reentry]
- ♦ Stop recycling alcoholics and addicts from treatment to homelessness or jail
- ♦ Expandable capacity to avoid time-limited residency

BOOKS

RESCUED LIVES: THE OXFORD HOUSE APPROACH TO SUBSTANCE ABUSE.

New York: Routledge (2008)

Leonard Jason, Bradley Olson & Katherine Fole



CREATING COMMUNITIES FOR ADDICTION RECOVERY:

THE OXFORD HOUSE MODEL. (2006)

Leonard Jason, Joseph Ferrari, Margaret Davis, &



HAVENS: TRUE STORIES OF COMMUNITY HEALING.

Westport, CT: Praeger Publishers. (2004)

Leonard Jason & M. Perdoux



THE NATIONAL OXFORD HOUSE UMBRELLA ORGANIZATION

- ♦ The national nonprofit, tax-exempt Oxford House umbrella organization – Oxford House, Inc. provides trained outreach workers to start new houses and monitor existing houses.
- ♦ Oversight of 26 Outreach Workers in the field.
- ♦ Oxford House, Inc. operated last year on a budget of \$2.3 million dollars with income from state grants in average of \$200,000 from 12 states.
- ♦ The men and women living in Oxford Houses paid rent to landlords, utility companies and other household expenses about \$57 million, became productive citizens and paid about \$21 million FICA and Medicare taxes (including their employer's share).

Lincoln Medical Education Partnership



Contract: DHHSBH-10-TRNG-01

Contacts:

Adolescent & Family Health Division Director: Kelly Madchare
 TAF Program Coordinator: Joshua Robinson
 TAF Program Assistant Coordinator: Nancy Folkert

(402) 483-4581 ext. 247
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 nfolkert@lmeep.com

Core Education

Course Title	Hours	Date	Location	Instructor	# of Participants
Clinical Treatment Issues in Chemical Dependency	30	July 13-16, 2009	Lincoln, NE Region V	Kim Spargo, LADC	27
Alcohol/Drug Assessment, Case Planning & Management	30	August 19-22, 2009	Lincoln, NE Region V	Erad Shay, LADC, LMHP	30
Medical & Psychosocial Aspects of Alcohol Drug & Addictions	45	September 14-19, 2009	Lincoln, NE Region V	Robert Walton, LADC, LMHP	21
Professional Ethics and Issues	15	September 21-22, 2009	Lincoln, NE Region V	Topher Hansen, JD Charles Thiessen, LADC, LMHP	11
Human Growth & Development	30	September 30-October 3, 2009	Lincoln, NE Region V	Rose Suggett, PhD	8
Multicultural Counseling	30	October 12-15, 2009	Lincoln, NE Region V	Charles Thiessen, LADC, LMHP	16
Counseling Theories & Techniques	45	October 26-31, 2009	Lincoln, NE Region V	Julie Langhoidt, CFC, LMHP	13
Clinical Treatment Issues in Chemical Dependency	30	November 16-19, 2009	Grand Island, NE Region III	Feg Mohlman, LADC	13
Alcohol/Drug Assessment, Case Planning & Management	30	December 1-4, 2009	North Platte, NE Region II	Kim Spargo, LADC	9
Group Counseling	45	December 14-19, 2009	Lincoln, NE Region V	Cindy Betka, LADC	12

Continuing Education

Course Title	Hours	Date	Location	Instructor	# of Participants
Anger Management: Using cognitive Behavior Therapy	6	August 7, 2009	Lincoln, NE Region V	Theodore Burns, LMHP, LADC	9
*Burnout: Are you at Risk?	6	October 16, 2009	**Host Site: Lincoln, NE **Satellite Site: Scottsbluff, NE	Charles Thiessen, LADC, LMHP	0
*Counselor Competency and Preparation for the LADC Examination	6	October 23, 2009	Host Site: Lincoln, NE **Satellite Site: Kearney, NE	John Herdman, PhD, LADC	11
*The Core Functions of the Substance Abuse Counselor	6	November 2, 2009	**Host Site: Lincoln, NE **Satellite Site: North Platte, NE	Jerome Barry, LADC, LMHP	0
*Screening and Referral of Mental Health Disorders	6	November 13, 2009	Host Site: Lincoln, NE Satellite Site: Norfolk, NE	Kate Speck, PhD, LADC	10
*Clinical Supervision in the 12 Core Functions	6	December 11, 2009	Host Site: Lincoln, NE **Satellite Site: Kearney, NE **Satellite Site: Grand Island, NE	Jerome Barry, LADC, LMHP	11

* Courses offered video conferencing (Region I, II, III, IV, or VI).
 **Site cancelled due to less than five (5) participants registered.

Criminal Justice Trainings

Course Title	Hours	Date	Location	Instructors	# of Participants
Motivational Interviewing for Criminal Offenders	6	July 24, 2009	Lincoln, NE Region V	Kate Speck, PhD, LADC	39
Group Therapy & Techniques with Substance Abuse Offenders	6	August 28, 2009	Lincoln, NE Region V	Christine Salvatore, LADC, LMFT	31
The Ethical Counselor: A review and practical application of ethics for Substance Abuse and Criminal Justice Providers	6	September 11, 2009	Grand Island, NE Region III	Robin Minicich, LADC, LMHP	19
*Utilizing Evidence Based Practices in Addictions Treatment for Offenders	6	October 30, 2009	Host Site: Lincoln, NE **Satellite Site: North Platte, NE Satellite Site: Wayne, NE	Christine Salvatore, LMHP, LMFT	12

* Courses offered video conferencing (Region I, II, III, IV, or VI).
 **Site cancelled due to less than five (5) participants registered.

ASI/CASI Trainings

Course Title	Hours	Date	Location	Instructors	# of Participants
ASI	20	July 10-11 and August 8, 2009	Lincoln, NE Region V	Robert Walton, LADC, LMHP Brad Shay, LADC, LMHP	25
ASI	20	August 13-14 and September 18, 2009	Lincoln, NE Region V	Gail McCoy, LADC, LMHP Pam Kaliff, LADC, PLMHP	25

January - June 2010 Core Education Trainings

Course Title	Hours	Date	Location	Instructors	Cost
Medical/Psychosocial Aspects	45	January 11-16, 2010	Lincoln, NE Region V	Robert Walton, LADC, LMHP	\$375.00
Multicultural Counseling	30	February 1-4, 2010	Lincoln, NE Region V	Charles Thiessen, LADC, LMHP	\$255.00
Clinical Treatment Issues	30	February 16-19, 2010	Lincoln, NE Region V	Kim Spargo, LADC	\$310.00
Alcohol/Drug Assessment	30	March 1-4, 2010	Lincoln, NE Region V	Larry Duncan, LADC, LMHP	\$275.00
Counseling Theories and Techniques	45	March 22-27, 2010	Lincoln, NE Region V	Katherine Zupancic, PhD	\$380.00
Group Counseling	45	April 12-17, 2010	Lincoln, NE Region V	Kim Spargo, LADC	\$380.00
Medical/Psychosocial Aspects	45	May 3-8, 2010	Kearney, NE Region III	Brad Shay, LADC, LMHP	\$375.00
Professional Ethics and Issues	15	June 7-8, 2010	Lincoln, NE Region V	Topher Hansen, JD Charles Thiessen, LADC, LMHP	\$115.00
Human Growth and Development	30	June 14-17, 2010	Lincoln, NE Region V	Rose Suggett, PhD	\$310.00

January - June 2010 Continuing Education Trainings

Course Title	Hours	Date	Location	Instructor	Cost
*Dynamite Group Activities	6	January 29, 2010	Host Site: Lincoln, NE Satellite Site: North Platte, NE	Kelly Madigan-Earlsonson, LADC	\$75.00
*Effects of Commonly Abused Illicit Drugs	6	March 12, 2010	Host Site: Lincoln, NE Satellite Site: Scottsbluff, NE	Larry Duncan, LADC, LMHP	\$75.00
*Adult Children of Alcoholics in Substance Abuse Treatment	6	April 16, 2010	Host Site: Lincoln, NE Satellite Site: Grand Island, NE	Rhonda Hill, LADC	\$75.00
*Core Functions of the Substance Abuse Counselor	6	May 24, 2010	Host Site: Lincoln, NE Satellite Site: North Platte, NE	John Herdman, PhD, LADC	\$75.00
*Counselor Competency and Preparation for the LADC Examination	6	May 25, 2010	Host Site: Lincoln, NE Satellite Site: North Platte, NE	John Herdman, PhD, LADC	\$75.00

* Courses offered video conferencing (Region I, II, III, IV, or VI).

January - June 2010 Criminal Justice Trainings

Course Title	Hours	Date	Location	Instructors	Cost
*The Ethical Counselor: A review & practical application of ethics for Substance Abuse and Criminal Justice Providers	6	February 22, 2010	Host Site: Lincoln, NE Satellite Site: Norfolk, NE	Robin Hinrichs, LADC, LMHP	\$75.00
*Group Therapy & Techniques with Substance Abuse Offenders	6	March 19, 2010	Host Site: Lincoln, NE Satellite Site: North Platte, NE	Christine Salvatore, LMHP, LMFT	\$75.00
*TBD	6	June, 2010	Host Site: Lincoln, NE Satellite Site: Norfolk, NE		\$75.00

* Courses offered video conferencing (Region I, II, III, IV, or VI).

January - June 2010 ASI/CASI Trainings

Course Title	Hours	Date	Location	Instructors	Cost
CASI	20	January 7-8 and February 5, 2010	Lincoln, NE Region V	Kate Speck, PhD, LADC Cindy Betka, LADC	\$130.00
ASI	20	February 11-12 and March 20, 2010	Lincoln, NE Region V	Pam Kaliff, LADC, LMHP Gail McCoy, LADC, LMHP	\$130.00
ASI	20	May 21-22 and June 18, 2010	Lincoln, NE Region V	Brad Shay, LADC, LMHP Robert Walton, LADC, LMHP	\$130.00

TAP in 2010!

*New Spring Schedule (January – June 2010) is currently available on the TAP website! www.lmep.com

*In August 2009, Joshua Robinson was promoted to the TAP Program Coordinator position and a new Assistant Program Coordinator, Nancy Folkert was hired to fill his previous position.

*Because of the need for participants in all areas of the state to receive ample training efficiently, the TAP Program has now partnered with the Nebraska Video Conferencing Network (NVCN) to implement video conferencing for their Continuing Education courses.

Capable Satellite Locations:

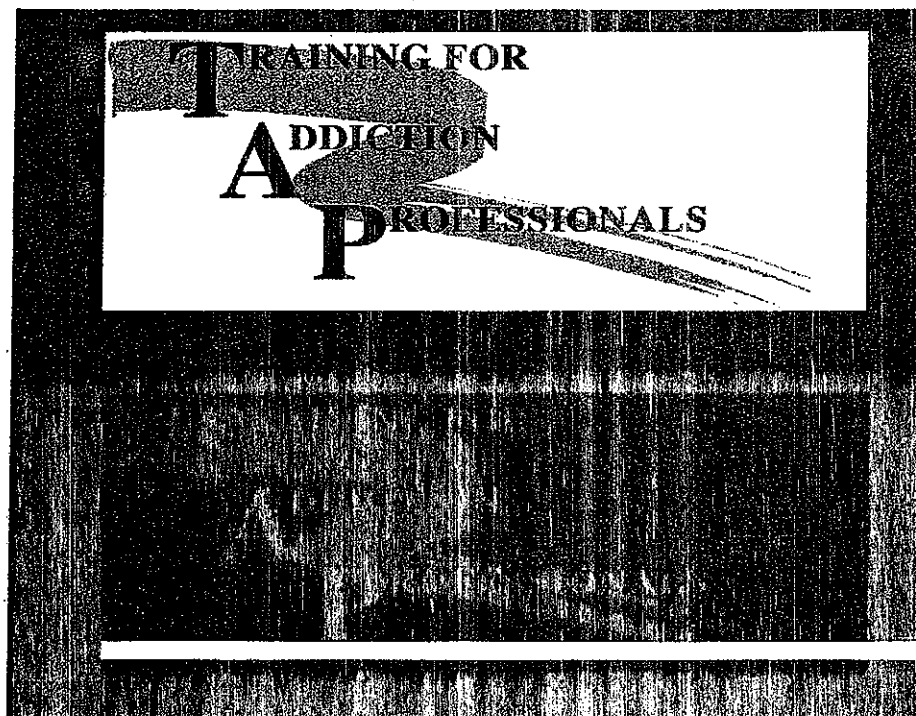
Beatrice	Columbus	Grand Island
Kearney	Hastings	McCook
Norfolk	North Platte	Omaha
O'Neill	Scottsbluff	Valentine
Wayne		

*In the DHHS contract with TAP, we are required to bring only three core classes to Regions I, II, or III annually. These classes are “*Medical and Psychosocial Aspects of Alcohol, Drugs, and Addictions*,” “*Alcohol/Drug Assessment, Case Planning and Management*,” and “*Clinical Treatment Issues in Chemical Dependency*.” All Continuing Education courses are offered through video conferencing; to the extent possible, in Regions I, II, III, IV, and VI. A minimum of five (5) participants must be registered in each specific region or that region's video conferencing site will be cancelled. There are no location stipulations for the AS/CASI Trainings.

*To adequately address the substance abuse needs of adolescents and young adults in Nebraska, the TAP and SCIP Programs from the Lincoln Medical Education Partnership are collaborating with the Lancaster County Substance Abuse Action Coalition to work on the Knowledge Dissemination Conference grant from SAMSHA.

Other organizations with staff currently serving on the planning committee include:

- Lincoln Public Schools
- Region V Behavioral Health Authorities Prevention Systems
- Nebraska Office of Probation Administration
- University of Nebraska - Public Policy Center



Catalog Includes:

- Registration Policies
- Core Education Schedule
- Continuing Education Schedule
- ASI/CASI Training Schedule
- Criminal Justice Training Schedule
- Directions/Maps

Contact Information:

Fax: (402) 483-4594

Website: www.lmep.com

Phone: (402) 483-4531
ext. 282 or 328

LINCOLN Medical Education Partnership
Strengthening Community through Health Education

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Directions/Hotel Suggestions Pages 12-13

These activities are supported in whole or part, from federal or state funds received from the Nebraska Department of Health and Human Services, Behavioral Health Services.

Program Policies

Non-Discriminatory Practices

The TAP Program does not discriminate based upon race, color, religion, sex, national origin, protected age, disability, veteran status, pregnancy, or any other characteristic protected by law.

Harassment Free Environment

The TAP Program is committed to providing a training environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment. Actions, words, jokes, or comments based on an individual's sex, race, color, national origin, age, religion, disability, or any other legally protected characteristic will not be tolerated. Any participant in violation will be asked to leave.

Drug and Alcohol Policy

The TAP Program requires all participants to attend trainings in a clear state of mind, drug/alcohol free. We hold our participants to a level of professionalism that will reflect positively upon the alcohol/drug counseling field. Any participant whom TAP suspects to be under the influence and/or is being disruptive in any form will be asked to leave the training immediately. This decision will be left to the discretion of TAP personnel and/or the training instructor.

No refunds or transfers will be granted to any participant asked to leave due to a violation of program policy.

Repeated violations of the above policies will be dealt with on an individual basis. It can include but is not limited to restrictions on registrations on future TAP courses.

We reserve the right to refuse future services to anyone who has previously been warned or asked to leave the TAP program training for violating policies.

Registration Policies

- TAP will accept registrations on a **FIRST COME FIRST SERVE** basis. Once the class is full no more registrations will be accepted.
- No telephone registrations accepted.
- Registration deadline is **one week** prior to the course. Late registrations may be accepted until the class is full.
- A written registration form must be completed for each participant.
- Payment **must** accompany the registration. Registrations received without payment **will not be accepted**.
- Upon receipt of your registration and payment, the TAP Program will send you a confirmation card/e-mail. If you do not receive this confirmation, please call to verify that we have received your registration/payment and you are signed up to attend.
- If you register on-line, you will automatically receive an email confirmation. This serves as your RSVP.

Workshop Requirements

In order to maintain quality education and consistency among all courses, the following policies will be enforced to receive certificates:

- Attend and be present the entire workshop each day.
- Participants who fail to show during the first 15 minutes of the class or do not return within 15 minutes after the one (1) hour lunch break will be asked to retake the course at a later date. No partial credit will be given. No refunds will be issued.
- A sign in sheet will monitor registration for this course. You must initial by your name every morning and afternoon in order to receive credit for the course.
- In order to receive a certificate and credit for all core courses, mandatory assignment(s) must be completed and turned into the instructor. If homework is unsatisfactory, the participant will be asked to redo the assignment in order to receive credit for the course.

The certificates will be issued at the end of the workshop to those that met the criteria for the workshop hours and assignments.

Cancellation/Administrative Fees

- The entire registration fee will be charged for **NO SHOWS**.
- A minimum of \$50 will be charged for ALL cancellations/transfers of core education trainings.
- No refunds will be given one week before the course begins.
- One-half of the registration fee will be charged on ALL cancellations/transfers of continuing education trainings.
- NO REFUNDS/TRANSFERS will be issued for any ASI/CASI training cancellations.
- One-third of tuition will be charged for all Day 3 registrations of the ASI/CASI trainings.
- A fee of \$10 will be charged for all duplicate certificates.
- A fee of \$10 will be charged for all requests for a list of classes attended. Only classes attended in the last 4 years will be processed.
- ALL returned checks will be charged \$25.

Registration: 7:30 am Class: 8:00 am—5:00 pm

Δ Medical & Psychosocial Aspects of Alcohol Drug & Addictions

This course will discuss the physiological, psychological, and sociological impact of addiction. Participants will also gain knowledge of dependence, tolerance, and basic pharmacological effects, including: attitudes, beliefs, etiological, cultural and behavioral aspects.

January 11-16, 2010

LMEP — Classroom 1, Lincoln, NE

Instructor: Robert Walton, LADC, LMHP

Credit Hours: 45

Approval# 10.011

Cost: \$375.00

Multicultural Counseling

Participants will study the cultural, social and economic factors applicable with specific cultural, ethnic and racial minority populations. The populations studied include: Native Americans, African Americans, and Hispanics, among others.

February 1-4, 2010

LMEP — Classroom 1, Lincoln, NE

Instructor: Charles Thiessen, LADC, LMHP

Credit Hours: 30

Approval # 10.013

Cost: \$255.00

Δ Clinical Treatment Issues in Chemical Dependency

This course will focus on dual diagnosis and the impact physical and mental health disorders have on alcohol/drug treatment, COA, disease concept, AA, NA and 12 step philosophies in alcohol/drug treatment.

February 16-19, 2010

LMEP — Classroom 1, Lincoln, NE

Instructor: Peg Mohlman, LADC

Credit Hours: 30

Approval # 10.007

Cost: \$310.00

Δ Alcohol/Drug Assessment, Case Planning & Management

This course focuses on collecting and appraising data to determine client diagnosis and treatment/referral. Special focus will be given to assessments, treatment plans, progress notes and discharge summaries.

March 1-4, 2010

LMEP — Classroom 1, Lincoln, NE

Instructor: Larry Duncan, LADC, LMHP

Credit Hours: 30

Approval # 10.008

Cost: \$275.00

Counseling Theories & Techniques

Participants will learn fundamental counseling theories, principles and techniques, including: Gestalt, Transactional Analysis, Cognitive Behavior Therapy, Reality Therapy and Client-Centered Therapy.

March 22-27, 2010

LMEP — Classroom 1, Lincoln, NE

Instructor: Katherine Zupancic, Ph.D.

Credit Hours: 45

Approval # 10.009

Cost: \$380.00

Core Education Courses

Page 5

Group Counseling

Participants will study processes and dynamics of group theory, as well as techniques and methods of group counseling and facilitation.

April 12-17, 2010

LMEP—Classroom 1, Lincoln, NE

Instructor: Kim Spargo, LADC

Credit Hours: 45

Approval # 10.010

Cost: \$380.00

Δ Medical & Psychosocial Aspects of Alcohol Drug & Addictions

This course will discuss the physiological, psychological, and sociological impact of addiction. Participants will also gain knowledge of dependence, tolerance, and basic pharmacological effects, including: attitudes, beliefs, etiological, cultural and behavioral aspects.

May 3-8, 2010

Kearney Holiday Inn Express, Kearney, NE

Instructor: Brad Shay, LADC, LMHP

Credit Hours: 45

Approval # 0

Cost: \$375.00

Professional Ethics and Issues

Participants will discuss legal issues of the profession and sharpen ethical reasoning skills. Other issues of discussion include: client welfare, professional competence development, values, conflicts of interest, and professional boundaries.

June 7-8, 2010

LMEP — Classroom 1, Lincoln, NE

Instructors: Topher Hansen, JD

Charles Thiessen, LADC, LMHP

Credit Hours: 15

Approval # 10.014

Cost: \$115.00

Human Growth & Development

This course encompasses the study of the nature and needs of individuals at all developmental levels from birth to death.

June 14-17, 2010

LMEP—Classroom 1, Lincoln, NE

Instructor: Rose Suggett, Ph.D.

Credit Hours: 30

Approval # 10.012

Cost: \$310.00

Δ Indicates a Core Course needed by Licensed Mental Health Practitioners (LMHP) as part of their core education to become a Licensed Alcohol and Drug Counselor (LADC).

CONTINUING EDUCATION CLASS SCHEDULE

Registration: 8:00 am Class: 8:30 am—4:00 pm

Because of the need for participants in all areas of the state to receive ample training efficiently, the TAP Program has now partnered with the Nebraska Video Conferencing Network (NVCN) to implement video conferencing for all of their Continuing Education courses.

Dynamite Group Activities for Addiction Treatment Clients

Beyond group therapy are the multitudes of other groups in a treatment program schedule: skill building groups, leisure group, discussion group, process group, communication group, relapse prevention group, etc. Come refresh your store-house of creative group activities that you will put to use immediately with you substance abusing clients. Our goal with this six hour course is to teach addiction professionals a variety of creative and engaging group activities for addiction treatment clients, which can be implemented at little or no cost to the agency.

January 29, 2010Host Site: NET-Conference Room

1800 N. 33rd Street, Lincoln, NE

Satellite Site: Educational Service Unit #16

1221 W 17th Street, North Platte, NE

Instructor: Kelly Madigan Erlandson

Credit hours: 6 hours

Approval #: 10.019

Cost: \$75.00

The Effects of Commonly Abused Illicit Drugs

This continuing education training will explore commonly used illicit drugs and the effect(s) these drugs have on the individual. By examining the physiological, psychological, and social impact of these drugs, participants will gain an understanding of the addictive nature of drugs. Participants will then better understand how treatment is crucial in bringing about criminal behavioral change in substance using clients.

March 12, 2010Host Site: NET-Conference Room

1800 N. 33rd Street, Lincoln, NE

Satellite Site: Panhandle Extension Center

4502 Avenue I, Scottsbluff, NE

Instructor: Larry Duncan, LADC, LMHP

Credit hours: 6 hours

Approval #: 10.018

Cost: \$75.00

Adult Children of Alcoholics in Substance Abuse Treatment

This six-hour workshop is focused on helping professionals gain insight and knowledge into the possible effects of parental drinking and how clients continue to struggle with these issues as adults. This workshop is presented to assist counselors when working through these issues with clients without allowing them to blame their parent(s) for their own substance use and behaviors.

April 16, 2010**Host Site:** NET-Conference Room
1800 N. 33rd Street, Lincoln, NE**Satellite Site:** Grand Island Public Library
211 N. Washington St., Grand Island, NE**Instructor:** Rhonda Hill, LADC**Credit hours:** 6 hours**Approval #:** 10.015**Cost:** \$75.00**The Core Functions of the Substance Abuse Counselor**

This course is designed to teach substance abuse counselors the 12 core functions of the profession. The workshop concentrates on the global criteria used to evaluate competence in each of the core functions. Highly recommended for individuals who are preparing for the written examination.

May 24, 2010**Host Site:** NET-Conference Room
1800 N. 33rd Street, Lincoln, NE**Satellite Site:** Educational Service Unit #16
1221 W 17th Street, North Platte, NE**Instructor:** John Herdman, Ph.D., LADC**Credit hours:** 6 hours**Approval #:** 10.017**Cost:** \$75.00**Counselor Competency and Preparation for the LADC Examination**

This workshop is designed to prepare pre-licensed substance abuse counselors for the written examination for licensure as a LADC. The workshop concentrates on the global criteria used to evaluate competence in each of the core function for the written exam. This course in conjunction with "Core Function of the SA Counselor" on November 2nd are highly recommended when taking the written examination.

May 25, 2010**Host Site:** NET-Conference Room
1800 N. 33rd Street, Lincoln, NE**Satellite Site:** Educational Service Unit #16
1221 W 17th Street, North Platte, NE**Instructor:** John Herdman, Ph.D., LADC**Credit hours:** 6 hours**Approval #:** 10.016**Cost:** \$75.00

CLASS SCHEDULE FOR ASI & CASI TRAININGS

1st Session = 2 Days

Registration: 8:15 am

Class: 8:30 am—4:30 pm

2nd Session = 1 Day

Registration: 8:15 am

Class: 8:30 am—5:00 pm

Participants **MUST** attend both sessions of the class they are registered for.

ASI Trainings

Approval #'s: 10.020 & 10.029

CEU's: 20 hours

CASI Trainings

Approval #: 10.021

CEU's: 20 hours

**COST: \$130.00 per training
NO REFUNDS OR TRANSFER OF FUNDS**

The Addictions Severity Index (ASI-adult) and the Comprehensive Adolescent Severity Inventory (CASI-children/youth) are the assessment tools selected by the state of Nebraska to be used as the standardized assessment tool for the Criminal Justice Approved Provider List. These trainings are two separate trainings and must be registered for separately.

Both trainings consist of two sessions. The first session is a two-day workshop and is followed up approximately six weeks later by the second session, one-day workshop. During the six week period between sessions, participants will be required to complete homework.

ASI Trainings

February 11-12 and March 20, 2010

LMEP - Classroom 1

Lincoln, NE

Instructors: Pam Kaliff, LADC, LMHP

Gail McCoy, LADC, LMHP

May 21-22 and June 18, 2010

LMEP - Classroom 1

Lincoln, NE

Instructors: Brad Shay, LADC, LMHP

Robert Walton, LADC, LMHP

CASI Training

January 7-8 and February 5, 2010

LMEP- Classroom 1

Lincoln, NE

Instructors: Kate Speck, PhD, LADC

Cindy Betka, LADC

**** All instructors completed specialized training provided by the
State of Nebraska to be State approved ASI/CASI instructors.**

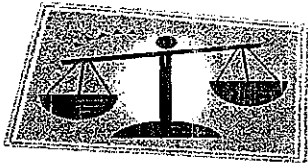
Criminal Justice continued education workshops are one of the requirements of the Criminal Justice Approved Provider List. Professionals are required to complete 6 hours of criminal justice trainings to meet this requirement. 12 hours of criminal justice training is needed every 2 years to renew your integration on this list.

These hours of continuing education are directly related to criminal behavior and criminal thinking. There are trainings offered on (a) criminal/deviant behaviors/thinking in adults and (b) criminal/deviant behaviors/thinking in juveniles.

Workshop Information

Registration: 8:00 am

Class: 8:30 am—4:00 pm



CEU's: 6 hours per workshop
Approved for Criminal Justice Continuing
Education hours.

The Ethical Counselor

This six-hour workshop is a review and practical application of ethics for substance abuse and criminal justice providers. Specific principles and challenges will be taught to enhance problem solving skills in ethical issues. Clinicians will have an opportunity to apply decision making skills on case studies.

February 22, 2010

Host Site: NET-Conference Room
1800 N. 33rd Street, Lincoln, NE

Satellite Site: Northeast Community College
801 East Benjamin Ave., Norfolk, NE

Instructor: Robin Hinrichs, LADC, LMHP

Credit hours: 6 hours
Approval #: 10.018
Cost: \$75.00

**Group therapy & Techniques
with Substance Abuse Offenders**

This six hour workshop will provide an overview of group facilitation for substance abuse treatment for criminal offenders. The goal of the course will be to provide practitioners with practical strategies for a successful substance abuse group. The stages of group development and stages of individual behavioral change will be identified and facilitation challenges will be explored with probable solutions.

March 12, 2010

Host Site: NET-Conference Room

1800 N. 33rd Street, Lincoln, NE

Sateilite Site: Educational Service Unit #16

1221 W 17th Street, North Platte, NE

Instructor: Christine Salvatore, LMHP, LMFT

Credit hours: 6 hours

Approval #: 10.022

Cost: \$75.00

***6 hour CJ course TBD
May 2010**

Grand Island

College Park 308-398-7275 (3180 W US Hwy 34)

Take Exit 312 (third) Grand Island/Hastings exit from I-80. Turn right onto Highway 281 North (Tom Osborne Expressway) Proceed 4.5 miles. Turn East onto Highway 34 (Henry Fonda Memorial Highway. Turn East and proceed .2 miles. Take the first entrance on the north.

Hotel Suggestion:

Midtown Holiday Inn 877-401-6681 (2503 S. Locust)

Kearney

Holiday Inn Express 308-234-8100 (508 2nd Ave. S.)

From I-80 Westbound, take Exit 272 and merge onto Hwy 44 (2nd Ave.) South. Continue South on 2nd Ave. to Holiday Inn Express.

Lincoln

LMEP 402-483-4581 (4600 Valley Rd)

From 48th & O St. proceed South on 48th. Continue on 48th Street past Randolph. Approximately 1 1/2 blocks past Randolph is Valley Road. Turn West (right) onto Valley Road. Continue West for 2 blocks and LMEP is on the North (right) side of the street. The Carveth Center is the building furthest to the West.

Hotel Suggestion:

Chase Suites 402-483-4900 (200 S. 68th Place)

New Victorian Inn 402-464-4400 (216 N 48th St.)

Norfolk

Northeast CC 402-371-2020 (801 Benjamin Ave)

Take 13th Ave North. Follow 13th Ave to Benjamin Ave. Turn East (right) on Benjamin Ave. Follow Benjamin Ave for approximately 1 1/2 miles. NECC is on the North (left) side of the road.

Hotel Suggestion:

Holiday Inn Express 402-379-1524 (920 S. 20th St)

North Platte

Holiday Inn Express 888-562-9500 (300 Holiday Frontage Rd)

From I-80 take the North Platte exit 177. At the stop sign turn South onto Hwy. 83. Go South over the Interstate and the Holiday Inn Express is on the right.

Omaha

Country Inn & Suites 402-445-4445 (11818 Miami)

From I-80 Eastbound, take the I-680 North exit 446 to US 6/West Dodge Road. Continue West on Dodge and merge off on the 120th Street exit. Turn right on 120th and continue on until you reach Miami Street. Turn right on Miami Street and Country Inn & Suites is on the left.

* * * * *

* Although it is not always possible to provide participants with a discounted hotel room rate. You should always indicate that **you are attending the TAP Training** when making your reservations to take advantage of any discounts that may have been prearranged.

A strategic plan provides a dynamic framework to guide activities and priorities for the **Nebraska Division of Behavioral Health as a leader, a partner and a participant in a statewide behavioral health system** that values and empowers individuals/families and delivers accessible, effective and efficient behavioral health services.

The strategic planning process should build on the previous good work done to improve the system. The process should include stakeholders in the planning process design to ensure inclusiveness and maximize opportunities for stakeholder input.

The University of Nebraska Public Policy Center will assist the Division of Behavioral Health in this effort.

Behavioral Health Oversight Commissions I & II

- Identified system gaps and areas for improvement
- Set the vision for behavioral health system strategic plan

Background Work

- Preparation for strategic planning began in 2009 with work done by the Division of Behavioral Health to review the internal mission/values
- The Division contracted with the University of Nebraska Public Policy Center to assist with the planning process – this began with a review and initial synthesis of previous planning efforts related to children and adult behavioral health systems in Nebraska
- Additional background work will continue in 2010

Jan – March 2010: Consensus Panel Meetings for the adult system will take place (funded by the Behavioral Health Foundation)

Feb 2010: National experts (Consumer and Administrative) engaged by the Behavioral Health Foundation will be engaged to bring a national perspective to the planning process

Feb – Mar 2010: State Advisory Groups (MH/SA/Gambling) and the State Network Management Team will be introduced to the strategic planning process.

- Groups will be asked to identify additional documents for review/inclusion in synthesis and to prioritize the issues most important to them for inclusion in the planning process
- Groups will also be asked to participate in identifying preferred methods for obtaining public and consumer participation in the planning process

Stakeholder/Public Involvement

The strategy for involving stakeholders and the public in strategic planning will be finalized after consulting with national experts and State Advisory Groups. Initial plan elements commonly included in strategic plans will be outlined based on the vision created by the Behavioral Health Oversight Commission.

- **April 2010:** Draft elements of strategic plan and process for public involvement presented to Advisory Groups for feedback

2010 Nebraska Division of Behavioral Health Strategic Planning Process DRAFT

- **May-July 2010:** The involvement strategy for public input will be implemented. It is anticipated that the strategy will involve multiple avenues for involvement that maximize and value consumer and family participation including web based; in-person; teleconference or video conference
- **August 2010:** National experts will be engaged to assist with interpreting and incorporating stakeholder/public involvement in the strategic plan.

Incorporation of Stakeholder/Public involvement

August 2010: The synthesized Stakeholder/Public involvement results will be presented to State Advisory Groups and the Network Management Team for review and comment.

Aug – Sept 2010: The Division of Behavioral Health will formulate multiyear objectives for inclusion in the strategic plan draft

9/30/2010: The first draft of a Strategic Plan will be submitted to the Division of Behavioral Health for internal review and editing

Nov 2010: The Strategic Plan draft will be presented to State Advisory Groups for final review

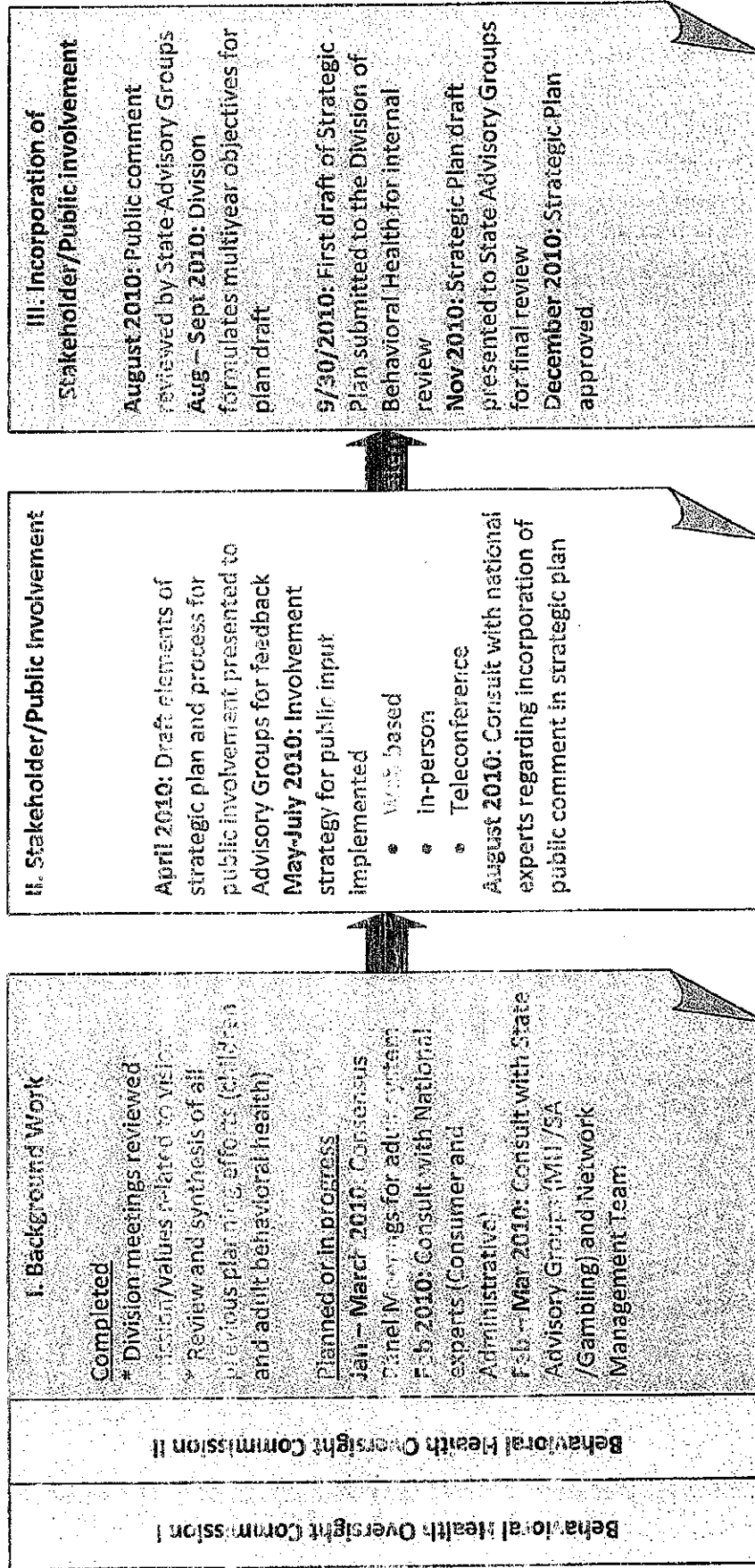
December 2010: Strategic Plan will be approved / adopted by the Department of Health and Human Services.

Specific Tasks required for implementing the proposed process

Task	Month	Responsible Person
Schedule Sherri Mead & Tom Kirk for February consultation	Jan	?? Scot??
Set agenda for consultation	Jan	Scot/Denise
Get on agenda for Advisory Groups & NMT	Feb/Mar	Division
Present process and get feedback from Advisory Gps/NMT	Feb/Mar	Division/PPC
Complete synthesis of documents/plans including consensus group product; Draft plan elements & involvement process	April	PPC
Present & get feedback on Synthesis , draft plan elements & involvement process from Advisory Groups/ NMT	April	Division/PPC
Implement strategy (Tentative schedule) <ul style="list-style-type: none"> • In-person meetings across the state in late May • Web based input accepted May-June • Teleconference/video conference opportunity July 	May-July	PPC (Division as able)
Send public input in some form to Sherri and Tom for review	August	PPC
Set consultation time (teleconference??) with Sherri and Tom to talk about synthesizing and reporting back the input	August	Division/PPC
Get on Advisory Group/NMT agenda to present synthesis of input from public/stakeholders	Aug/Sep	Division
Hold an internal Division meeting late August or early September to identify measurable objectives (3-4 year) for each goal in the strategic plan draft	Aug/Sep	Division (PPC can facilitate)
Write and submit draft plan	9/30/2010	PPC

January 6, 2010 - DRAFT DATE

2010 Nebraska Division of Behavioral Health Strategic Planning Process Map



Rules Governing the Fee for Service Voucher Program
Effective July 1, 2009

Attachment D

The Fee for Service Voucher program was created to reduce the financial barriers of specifically identified offenders receiving treatment through a financial assistance program. A balance of best practice and fiscal responsibility must be considered in the issuance and utilization of vouchers. Vouchers are not intended to supplant other means of financial assistance for offenders, but instead as a resource available to officers for offenders when a need exists. Whenever possible, offenders are expected to contribute toward the financial obligations associated with evaluations and treatment. Understanding substance abusing offenders, treatment progress, and clinical assessment is critical for the appropriate decision-making associated with voucher application.

1. Overarching Voucher Requirements

- a. The decision-making around the issuance of a voucher is the responsibility of the officer, based on offender need.
- b. In the event a voucher has not been issued, but an offender may be eligible, a provider may consult with an officer prior to services being rendered concerning the issuance of a voucher. The final decision for issuing a voucher lies with the officer. This decision is based on all information available including, target population and other applicable policies.
- c. Exception voucher (outside of the normal procedures) will be considered only after consultation and approval between the officer and the Justice Treatment Specialist, and limited to the target population and services.
- d. Services rendered prior to a voucher issued will not be paid.
- e. Voucher service reports must be submitted to the supervising officer within 60 days after the service has been completed to be eligible for reimbursement.

2. Vouchers at the Pre-Disposition Stage

- a. If as part of the order for presentence investigation, the Court has issued a subsequent order for a substance abuse evaluation (assessment), the offender should be referred ideally as part of the intake process or minimally as part of the interview. The officer at this stage shall assess if an offender is potentially eligible for a voucher.
- b. As part of the presentence investigation for DUI offenders, and in accordance to statute, an offender shall be referred for an evaluation (assessment):

60-6,197.08 Driving under influence of alcoholic liquor or drugs; presentence evaluation. Any person who has been convicted of driving while intoxicated shall, during a presentence evaluation, submit to and participate in an alcohol assessment by a licensed alcohol and drug counselor. The alcohol assessment shall be paid for by the person convicted of driving while intoxicated. At the time of sentencing, the judge, having reviewed the assessment results, may then order the convicted person to follow through on the alcohol assessment results at the convicted person's expense in addition to any penalties deemed necessary.

If an offender is unable to pay, the officer shall assess if an offender is potentially eligible for a voucher according to the target population.

- c. If, as part of the presentence investigation, it comes to the attention of the officer that an offender may have a substance abuse problem as determined by assessment instrument and personal interview, the officer should make a (voluntary) referral for a substance abuse evaluation in accordance with the standardized model, and advise the offender it may be in their best interest. Should the offender voluntarily take advantage of the referral and pursue an evaluation, and in doing so it is determined the offender nor the agency has no other financial means of paying for the evaluation (self pay, region dollars), a provider may contact the officer to request a voucher. In doing so, the officer should confirm with the provider the other financial options already considered. If a voucher request appears warranted, the officer will consult with the treatment specialist to determine if the offender will be given an exception voucher (outside of the normal scope of payment).
- d. As part of the screening procedure for Problem-Solving Courts an offender may be eligible for a voucher according to the target population.

3. Vouchers at the Supervision Stage

- a. An order (Court, Parole Board or Sanction) must be in place when requiring an offender to receive either an evaluation or treatment before a voucher will be issued.
- b. An evaluation (assessment) or a Court/Parole Board order identifying a level of care must be in place prior to a voucher being issued for treatment.
- c. An evaluation voucher will not be issued in the event an order for treatment is already in place.
- d. Subsequent request for vouchers involving treatment must be based on clinical necessity and documentation received by the officer in advance of voucher issuance.
- e. Subsequent voucher/s for continued treatment must be requested in advance of services.

Target Population as of July 1, 2009

Felony Drug Offense Offender

Parolees

Class I Misdemeanor Drug Offense

DUI III or Above

Felony Offender in Violation Status Including Sanctions

Name of Quality Initiative Workgroup: *Co-Occurring Disorders Workgroup*

Purpose:

In any given year, 5.6 million adults in the nation have co-occurring mental illness and substance use disorder (NSDUH 2006).

In 2000, the Center of Substance Abuse Treatment (CSAT) issued a report entitled *Changing the Conversation*, which presented the principle of "No Wrong Door." This principle should guide policy, system and infrastructure development and quality improvement initiatives.

We have a responsibility to meet consumer needs wherever they present in the DBH funded service system to promote recovery in those we serve.

Through a collaborative effort, this quality initiative is intended to improve services to adults with co-occurring mental health and substance abuse disorders and their families.

Goals/Desired Outcome:

The Co-Occurring Disorders Quality Initiative will promote recovery of individuals and families by creating a statewide road map to a statewide, integrated co-occurring service delivery system.

Work Plan and Timelines:

The Workgroup will produce the following products by June 1, 2011:

1. Current strengths of the service delivery system for serving individuals with co-occurring disorders
2. Current barriers to the service delivery system for serving individuals with co-occurring disorders
3. Recommended definitions related to co-occurring disorder treatment
4. Recommended process and tools for identifying dual-capable and dual enhanced status of providers
5. Recommended work plan for improving infrastructure that supports recovery for individuals with co-occurring disorders including:
 - a. Models to be considered
 - b. Priority populations and service responsibilities
 - c. Identification, welcoming and accessibility
 - d. Standards of Care
 - e. Workforce development, clinical competencies
 - f. Clinical Infrastructure for continued improvement and case coordination
 - g. Statewide training plan
 - h. Funding/Financial reimbursement/processes
 - i. Establishing/Monitoring performance improvements

Sponsor of Workgroup:

DBH - SQIT

Membership of Workgroup:

Chair: Blaine Shaffer, MD

Facilitator: DBH is in the process of recruiting a neutral facilitator to run the meetings and work with DBH support staff to monitor timelines, develop agendas and ensure work product completion.

Meetings will be held monthly in person when possible with the availability of webinar/videoconferencing and phone conferencing. Additional small group meetings may be needed. Subject matter experts may be invited to various meetings.

Team Members:

Invited by DBH to ensure broad representation of participants.

Name of Quality Initiative Workgroup: *Consumer and Family Surveys*

Purpose:

It is imperative that we ask for and receive feedback from consumers and families regarding their perception of care. Information received should be utilized to improve services and outcomes.

Currently there are a variety of surveys and processes to gather consumer and family perceptions of care. We have received concerns/complaints from consumers related to surveys. Concerns include but are not limited to:

1. Confidentiality issues regarding phone and mail surveys
2. Selection of consumers/families for surveys
3. Asking the same consumer the same or similar questions because the survey efforts are duplicated and uncoordinated
4. The survey results haven't been shared and consumers and families are not involved in the results discussion

Service providers want to know what they can do to make a difference in the lives of the individuals they serve. There are a variety of required survey processes. DBH must ensure the collection of National Outcome Measurement System (NOMS) data including the perception of care. Federal funding sources such as the MH Block Grant require that data is collected in certain formats regarding the perception of care. Providers have accrediting standards related to consumer surveys. How many times and in how many ways is a consumer/family surveyed and what happens with the information?

Through a collaborative effort, this quality initiative will recommend the most efficient and effective process for gathering the perception of care and satisfaction data that is respectful of consumer and family time and confidentiality.

Goals/Desired Outcome:

The Quality Initiative will result in a DBH Consumer and Family Survey process recommendation that ensures that data collection for perception of care and satisfaction is efficient, confidential, respectful, designed through consumer and family involvement; where results are analyzed, reviewed and shared with consumers, families, service providers and others and opportunities for improvement are identified and utilized.

Work Plan and Timelines:

The DBH will complete the following by February 28, 2010:

1. A list of existing consumer and family surveys utilized in DBH funded providers with a comparison of accreditation source requirements.
2. A list of existing consumer and family surveys utilized in DHHS or other key stakeholder organizations that may include individuals served by DBH.

The Workgroup will produce the following products by September 1, 2010:

3. Strengths of the current survey process to build upon/retain.
4. Barriers to the current survey process.

5. Explanation of the DBH current consumer and family survey and Block Grant reporting requirements (Jim Harvey).
6. Recommendations for consumer and family surveys including:
 - a. Provider, Region, DBH process (Who is collecting)
 - b. Agreement on information domains in the survey (What is collected) such as:
 - Satisfaction
 - Accessibility
 - Perception of Quality (effective, appropriate, etc.)
 - Perception of outcomes as a result of receiving services
 - Perception of participation/involvement in treatment
 - Recovery
 - Quality of Life
 - Domains from other sources (MHBG, Accreditation, etc.)
 - c. Sample selection (Who is surveyed)
 - d. Type of survey (How they are surveyed: electronic, mail, phone)
 - e. Tools/Instruments/Surveys (What and how collected)
 - f. Frequency (When)
 - g. Performance improvement process/communication of survey results, identification of changes for improvement

Sponsor of Workgroup:
DBH - SQIT

Membership of Workgroup:

Chair: OCA – Carol Coussons de Reyes and Dan Powers

Facilitator: DBH is in the process of recruiting a neutral facilitator to run the meetings and work with DBH support staff to monitor timelines, develop agendas and ensure work product completion. Meetings would be held monthly beginning in March, 2010 and held via webinar or video-conferencing technology or phone conference if appropriate.

Team Members:

Region 1:

Region 2: Corey Brockway (SAAC Rep and Consumer) and Nancy Rippen

Region 3: Ann Tvrdik and Tammy Fiala

Region 4: Amy Stachura and either Bev Ferguson (MHAC Rep)

Region 5: David Furst, and either Chris McCollister, Lisa Rehwaldt-Alexander

Region 6: Jean Hartwell and Jonah Deppe

GAP – Steve Kroll

Magellan -

CFS -

OCA - will be recruiting 2 additional consumer participants to ensure a broad base of representation.

DBH – Jim Harvey, Sarah Cox

Division of Behavioral Health Medicaid Match Expenditures

	Total FY Amount Budgeted	YTD Expenditures thru December 31, 2009	% Expended	Balance Available
MRO Services	\$6,750,000.00	\$3,710,537.31	54.97%	\$3,039,462.69
SRO Waiver Services	1,457,583.00	677,418.21	46.48%	780,164.79
Total	\$8,207,583.00	\$4,387,955.52	53.46%	\$3,819,627.48

Source: Nebraska Information System Fiscal Year 2010 Summary of Expenditures, Behavioral Health Aid Program 038, as of December 31, 2009. Prepared by Lori Dawes, Provided 1/11/10.

	Total Paid	40.05% blended BH Match Portion	Diff NIS - Medicaid
MRO Services:			
Assertive Community Treatment - APRN	782,535.64	311,842.44	
Assertive Community Treatment	600,239.86	240,013.10	
Community Support - MH	2,377,063.92	950,446.96	
Day Rehabilitation -Half Day	392,637.02	157,154.53	
Psychiatric Residential Rehabilitation	2,530,417.71	1,007,948.17	
Day Rehabilitation - Full Day	2,111,688.96	844,623.52	
Subacute Inpatient	507,723.51	202,946.27	
Total	\$9,292,306.62	\$3,714,974.98	(\$4,437.67)
SRO Waiver Services:			
Detox	40,398.90	16,138.71	
Intensive Outpatient	85,671.51	34,396.73	
Short Term Residential	319,321.08	123,646.57	
Dual Residential	672,778.43	269,148.37	
Intermediate Residential	478,495.00	191,532.54	
Halfway House			
Community Support - SA	110,917.46	44,353.44	
Total	\$1,698,582.38	\$679,216.35	(1,798.14)

Source: Behavioral Health Substance Abuse Paid Claims, State Fiscal Year to date through December 2009, Prepared by Heidi Burkland DHHS, from Advantage Suite Decision Support System, Print Date 1/13/10

Prepared by: Karen Harker

Updated: 1/13/10

SYNAR

Substance Abuse Prevention and Treatment Block Grant

Robert Bissard, Program Specialist
Division of Behavioral Health
State Advisory Committee on Substance Abuse Services
February 2, 2010

State Advisory Committee on
Substance Abuse services 2/2/10

SYNAR

Requirements:

- **Substance Abuse Prevention and Treatment Block Grant - Goal 8 and federal rules**
 - Under age tobacco sales law (Nebraska Revised Statute 28-1419)
 - **Test Compliance with law**
 - Annually
 - Less than 20 Percent non-compliance

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SYNAR

Penalty if more than 20%

- **Substance Abuse Prevention and Treatment Block Grant Up to 40%**
 - FFY 2010 SAPTBG \$7,920,131
 - Prevention 20% set aside: \$1,584,026
 - **Potential Penalty - \$3,168,052**
 - SYNAR Expenditure SFY 2009 ~ \$82,934

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Substance Abuse services 2/2/10

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SYNAR

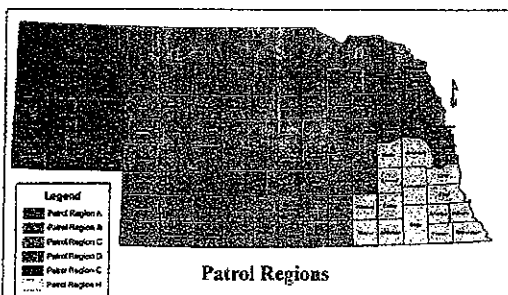
State Fiscal Year 2009 SYNAR expenditures

• State Patrol Compliance Checks	\$46,424.12
• Pride Omaha Compliance Checks	8,000.00
• Intern (data manipulation)	23,810.06
• Info USA list	2,200
• BRFS survey	<u>2,500</u>
• TOTAL	\$82,934.16

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SYNAR



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Substance Abuse services 2/2/10

5

SYNAR

Compliance Checks

2009 Results by Troop Areas

Percent of retailers who sold to cooperating individuals

• State Wide	13.6%
• A - Not Omaha	20.3%
• A - Omaha	6.1
• B - Norfolk	13.5
• C - Grand I	11.7
• D - North P	19.3
• E - Scotts B	15.4
• H - Lincoln	15.6

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SYNAR

Parts to SYNAR

- Gathering List of all potential retailers - List Frame *
- Selection of Entities to have compliance checks *
- Contract to conduct compliance checks
- Conducting compliance checks (Enforcement)
- Verifying results *
- Prepare annual SYNAR report
- Verification of List Frame Accuracy - every 3rd yr.

* Intern

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Substance Abuse Services 2/2/10

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SYNAR

• Protocol for SYNAR Inspections

- Liquor licenses compliance checks
 - Model
 - Adult and Cooperating Individual
 - Tobacco Products:
 - Cigarettes, Chew, Paper, Loose Tobacco,
- Under age cooperating individual
 - Paid Minimum Wage
 - Aged 15, 16 or 17
 - Proportionate to kids in area (ideal - 40%)

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Substance Abuse Services 2/2/10

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SYNAR

■ Verification of List of Retailers

- Every 3rd year (2000, 2003, 2007, 2010)
 - Tested by Zip code
 - Walk the block, record and check against directory
- 80 percent or better
- \$15,000 -- local coalitions, or contractor

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Services 2/2/10

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TOBACCO COMPLIANCE CHECK REPORTING FORM

(One form is required for each business on the list regardless of the status of the check.)

Do not substitute if provided a list

THIS FORM MUST BE FILLED IN COMPLETELY AND LEGIBLY

Section 1

Date of Check -- > _____ Time of Check -- > _____

Name of Business : «Business_Name» «SID»

Address of Business: «Address»

City NE Zip: «City» NE «ZIP»

Section 2 CHECK INFORMATION: (Circle Response)

Outlet – Type of Sales	OTC – Over the counter (Clerk Sales)	VM – Vending Machine
Inspection Completion Status	EC – Check Complete	IN (Incomplete Check)
Compliance Status	EC1 – (Violation)	EC0 – (In Compliance)

Section 4 - VIOLATIONS

Citation Issued	YES	NO
Case #		
Citation Issued to: (circle at least one)	Clerk Owner Manager	

Section 3 - Incomplete Reason: (Circle)

- N1 In operation but closed at visit time
- N2 Unsafe to access by youth inspector
- N3 Police is present in the outlet
- N4 Youth inspector knows the sales person
- N5 Moved to new location
- N6 Drive through only Youth has no DL
- N7 Tobacco out of stock
- N8 Run out of time for inspections
- I1 Out of business
- I2 Does not sell tobacco Products
- I3 Inaccessible by youth
- I4 Private club
- I5 Closed for a period of time (seasonal, reno)
- I6 Cannot locate
- I7 Wholesale only
- I8 Vending machine broken
- I9 Duplicate
- Other (explain): _____

Section 5 Cooperating Individual Information

AGE 15 16 17 (proportionality)

Gender: M (Male) F (Female)

ID Checked? Yes No

CI Number _____

Type of Business: (Circle)

- B1 Convenience Store/Gas Station
- B2 Grocery Store
- B3 Package Liquor
- B4 Liquor Establishment
- B5 Restaurant
- B6 Other

Type of Product:

Cigarette, Cigar, Pipe, Cut, Chew,
Other

Remarks: Use Back of Form

Section 6

Officer Badge No: _____

Signature: _____

Patrol Troop Area: _____

Instructions for
Tobacco Compliance Check Reporting Form
(Revised: May 2009)

Do not substitute if provided a list of outlets to inspect. Substitution creates statistical error

SECTION 1

Date and time of Check: Complete time using either 12 or 24 hour clock. Include AM or PM if using 12 hour clock.

If not already done, enter Business Name, Address, City or Zip. If a new business (change of ownership or otherwise) occupies the space at address update information and conduct compliance check.

SECTION 2: Check Information

Outlet: Type of Sales -- Circle OTC for a clerk sale over the counter. Indicate VM for sales from vending machines. Follow special protocol for vending machines sales.

Inspection Completion Status: Indicate if the inspection was complete or incomplete. Incomplete checks must be indicated using incomplete reason. Use only one reason for any single check. If in doubt give facts in "other" line or in Remarks section of form. Skip compliance status but complete section 5 and 6. If inspection is later completed return all forms with appropriate information for each inspection attempted. Up to 3 attempts may be made to complete an inspection at any one location.

Compliance Status: Indicate whether a sale was or was not made to a cooperating individual. If sale was made a violation has occurred circle EC1 (Violation) and complete the violations box and section 5 and 6. If no sale was made to a cooperating individual circle EC0 (In Compliance) and complete section 5 and 6.

SECTION 3 – Incomplete codes: Circle code for inspections not completed. Continue with sections 5 and 6

SECTION 4 Violations – Circle whether citation was issued, provide case number and indicate to whom citation(s) were issued - Clerk, Manager, Owner.

SECTION 5

Cooperating Individual Information: (CI's) Whether the inspection was completed or not indicate the cooperating individuals information.

Age: Only persons 15, 16, or 17 years may conduct inspections. Inspections must be completed in proportionality to the number of CI's so that not more than 40 % of inspections are completed by any one age group. See also gender requirements. Ideally, if 100 inspections were conducted there would be about 16 or 17 inspections in each cell representing the 6 cells of the age/gender matrix.

Gender: Circle appropriate response. Inspections must be complete in proportionality to the number of CI's so that not more than 60% of inspections are conducted by members any one gender. See also Age requirements.

ID checked: During Inspection did the merchants representative check the cooperating individuals identification.

CI Number. CI number may be a formal employee number, a phone number, or sequential number used by the adult in charge of the inspections. Use the same number to identify each unique individual. Each CI must be identified by a unique number, that number must be used for all inspections conducted by the individual. Use of alpha characters is discouraged.

Type of Business: Complete by circling the appropriate type of business. Write in a description of business if not one of those indicated.

Type of Product - Circle the type of product attempted to purchase - Cigarette, Cigar, Cut Tobacco, Pipe Tobacco, Chew (snuff) or other.

Remarks: To use circle "USE BACK" and enter comment or extend explanation on back of form.

SECTION 6: Provide officer identifying information including badge number, a signature and Patrol Troop Area or municipality.

Nebraska's Justice Mental Health Initiative

Attachment H

SUMMARY – NE Division of Behavioral Health
U.S. Department of Justice – Bureau of Justice Assistance (BJA) Grant
Justice and Mental Health Collaboration Program (CDFA #16.745)

CATEGORY I: PLANNING GRANT (from 11/01/2007 to 10/31/2008)

Final Product from First Grant:

Nebraska Justice Behavioral Health Initiative / Strategic Plan (October 31, 2008)

Complete report on Division of Behavioral Health web site at:

Division of Behavioral Health: Community-based Services

Recent Reports

http://www.dhhs.ne.gov/beh/NEJusticeMHStrategicPlan-UN_PPCFinalReport-Oct31_2008.pdf

CATEGORY II: PLANNING AND IMPLEMENTATION

- Award with Project Period: (from: Sep 01, 2008 / to Aug 31, 2011)
- Grant Award: \$250,000
- NE Theme: collaborative partnerships to address interagency coordination & communication in order to implement system improvements for persons with MI in the Criminal Justice System.
- Target Population: Young adults 18 to 24 years of age.

The Justice and Mental Health Collaboration Program will increase public safety by facilitating collaboration among the criminal justice, juvenile justice, and mental health and substance abuse treatment systems to increase access to services for offenders with mental illness.

Goal 1: Provide consistent statewide training for Nebraska Law Enforcement Officers to improve responses to people with mental illnesses

Goal 2: Expand or improve access to crisis response services in Nebraska

Goal 3: Implement standardized mental health and substance abuse screening protocols in the jails that prompt referrals for services

Goal 4: Increase resources to community mental health to provide diversion services through the use of Forensic Intensive Case Management

Goal 5: Enhance affordable supportive housing for justice involved youth transitioning to adulthood and young adults

Criminal Justice Electronic Data Transfer Interagency Agreement

In June 2009, the Nebraska Department of Health and Human Services - Division Of Behavioral Health (DHHS), the Nebraska Department of Correctional Services (DCS) and the Nebraska Commission on Law Enforcement and Criminal Justice (Crime Commission) signed Electronic Data Transfer Interagency Agreements. The final agreements were officially approved on June 9, 2009. These agreements have these three state agencies transferring their data to the Division of Epidemiology, College of Public Health at the University of Nebraska Medical Center in Omaha, NE for the purpose of analysis, compilation and reporting for the mutual benefit of the parties. The initial data covers the time period from January 1, 2005 to December 31, 2008. Before public release, the Report(s) produced under these agreements must be acceptable to the DHHS, DCS and the Crime Commission. The Report(s) remain in draft status until these three code level agencies approve the document. This requirement is due to the sensitive nature of the content of the report(s) using these data.

Drug Courts/Problem-Solving Courts

****Drug courts developed in response to the enormous increase in drug case filings in the 1980's and 1990's. The rise in filings resulted from the nation's War on Drugs that included more intensive anti-drug law enforcement efforts and more severe sanctions for drug-related offenses.**

****The goal of drug courts is to reduce substance abuse and criminal behavior, and to stop legal and clinical recidivism among nonviolent offenders with substance abuse problems. By providing a structure that links supervision and treatment as an alternative to incarceration, drug courts exert legal pressure on defendants to enter and remain in treatment long enough to realize benefits.**

****In many jurisdictions, including Nebraska, drug courts evolved into a new philosophy called "problem solving." Problem-solving courts include, but are not limited to, specialized drug courts, domestic violence courts, community courts, family treatment courts, DUI courts, and mental health courts.**

****Much work has been done to examine the effectiveness of problem-solving courts, particularly drug courts. The overall conclusions are that problem-solving courts—specifically drug courts—are successful in reducing criminal recidivism rates and are an effective use of taxpayer dollars.**

****Research supports the conclusion that the three main elements of drug courts—drug testing, judicial hearings, and drug treatment—are effective in reducing subsequent crime and drug use. If the individual successfully completes the drug court program, the original charges are dismissed, the plea is stricken from the record, or the individual's sentence is reduced, depending on the type of the drug court program.**

****The role of the judge has often been cited as an integral element of drug court programs. According to participant interviews and reports, the relationship between the participant and the judge is one of the most important aspects of the drug court experience. One study noted that a significant number of participants reported that being able to meet with the judge to discuss progress and problems was the most significant reason for remaining in the program.**

****Access to treatment may also be a factor in the success of participants in drug courts. One study found that participants who did not graduate were more likely to report timing of and transportation to and from treatment sessions as problematic.**

****Other studies indicate that participants are more likely to achieve positive outcomes when evidence-based practices are used to treat them. Evidence-based practices are treatment interventions that are scientifically proven to produce positive outcomes. Evidence-based practices can be monitored through fidelity measures and are a means to achieving quality services—cost savings and better outcomes—and accountability.**

Following are the Nebraska Problem-Solving Courts and assigned Judges:

Douglas County Adult Drug Court (Diversion)-Judge James Murphy (ret.)
Douglas County Adult Drug Court (Post-Plea)-Judge Gary Randall, Judge Gregory Schatz
Douglas County Juvenile Drug Court-Judge Elizabeth Crnkovich
Douglas County 0-3 Family Dependency Drug Court-Judge Douglas Johnson
Douglas County Specialized Treatment And Recovery Court (Family Drug Court)-Judge Elizabeth Crnkovich
Douglas County Young Adult Court-Judge Patricia Lamberty
Lancaster County Adult Drug Court-Judge Karen Flowers, Judge Paul Merritt
Lancaster County Juvenile Drug Court-Judge Toni Thorson
Lancaster County Family Drug Court-Judge Linda Porter
Sarpy County Adult Drug Court-Judge William Zastera
Sarpy County Juvenile Drug Court-Judge Lawrence Gendler, Judge Robert O'Neal
Central Nebraska Adult Drug Court (Hall, Adams, Phelps Buffalo)-Judge John Icenogle, Judge Stephen Illingworth, Judge James Livingston, Judge Teresa Luther
Northeast Nebraska Adult Drug Court (Madison)-Judge Patrick Rogers, Judge Robert Ensz
Cheyenne County Adult Drug Court
Scotts Bluff County Juvenile Drug Court-Judge G. Glenn Camerer
Midwest Nebraska Adult Drug Court-Judge James Doyle

Sources:

<http://www.supremecourt.ne.gov/problem-solving??sub6>

<http://community-corrections-fall09.wiki.uml.edu/file/view/Problem+Solving+Justice+Overview.pdf>

<http://www.whitehousedrugpolicy.gov/enforce/DrugCourt.html>

<http://www.ojp.usdoj.gov/nif/topics/courts/drug-courts/welcome.htm>

<http://ppc.nebraska.edu/userfiles/file/documents/projects/DrugCourtEvaluation/EvaluationofNebraska'sProbationProblemSolvingCourts.pdf>

<http://www.american.edu/spa/>

Report compiled by Nancy Heller, Program Specialist, DHHS-Division of Behavioral Health, for the State Advisory Committee on Substance Abuse Services; January, 2010.

SYNAR Report - Jim Harvey**Attachment G**

Mr. Harvey stated SYNAR is a requirement of Goal #8 of the Substance Abuse Prevention Treatment Block Grant. SYNAR is a statewide tobacco compliance check for underage tobacco sales, and is named after Congressman Synar who sponsored the amendment to establish this requirement. The Division has a contract with the State Patrol, except in the Omaha area where the work is contracted with a different agency (PRIDE), to conduct compliance monitoring. If the tobacco compliance demonstrates a failure rate, the federal government takes a penalty out of the money allocated. In 2009, Nebraska experienced a 13.6% overall compliance rate. A hand out with tobacco compliance information was distributed to committee members.

Justice Behavioral Health Initiatives - Jim Harvey**Attachment H**

A summary of JBH was distributed to the committee members.

Drug Court Summary Report – Nancy Heller**Attachment I**

Ms. Heller reviewed a handout with the committee members that includes a summary of Drug Courts/Problem-Solving history and a list of Nebraska Problem-Solving Courts and the assigned Judges.

Input for May 6, 2010 Co-Occurring Agenda – Jim Harvey

Mr. Harvey distributed and reviewed the draft agenda for the May 6, 2010 joint Co-Occurring meeting. Committee members were asked to provide comments to the agenda. None was voiced but comments can be sent to Mr. Harvey via his telephone (402 471-7824) or his e-mail (jim.harvey@nebraska.gov). A conference call, which will include Bev Ferguson, Ann Ebsen, Eric Hunsberger and Jim Harvey, will be held in early April to discuss options and comments received for the May 6 meeting agenda.

Agenda Items for September 21, 2010 Meeting:

- Oxford Loan funding options by DBH
- Report on Strategic Planning
- Report on Consumer and Family Surveys Workgroup
- Report on Co-Occurring Workgroup
- SOMMS quarterly report

Recommendation to the Division

- The Divisions of Behavioral Health and Children and Family Services coordinate on how to improve service coordination in regard to Oxford House facilities accessing services statewide.
- DBH to explore the options regarding funding Oxford Houses or non-oxford houses within DHHS Accounting Division procedures, and report back to committee.
- DBH to continue to collaborate with Probation Administration for the purpose of efficiency in data collection and information sharing to reduce duplication and improve efficiencies.

Meeting Evaluation and Suggestions

- There needs to be better attendance
- The change in food menu is okay – need to consider vegetarians
- Re-check to ensure e-mail address list is updated
- Some committee members not willing to use microphone

Adjournment & Next Meeting

The next meeting date is **Thursday May 6, 2010** at Country Inn and Suites.

Meeting adjourned at 3:30 PM.

Prepared by: Alexandra Castillo, Staff Assistant

Approved by _____
Federal Resources Manager
Division of Behavioral Health

Date _____